41400000

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J. HARRIS

COVER LETTER

TO: Registration Sec Division of Corp			
subject: <u>Sam</u>	Sara Indu Name of Lim	Stries LLC ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Mille N	Name of Person	
		Firm/Company	
	7300 W. Cam	INOREAL STE 200 Address	0
	Boca Rator	City/State and Zip Code	
	M. NuStaum E-mail address: (1	OFTCFI. COM. to be used for future annual report notifi	cation)
For further information con	ncerning this matter, please ca	all:	
MIKE NUSSE Name of	Person	at (OO) 777-7 Area Code Daytime	202A Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Samsara	a Indu	stries LC		
(Name of the Limit	ted Liability Company (A Florida Limited Lial	as it now appears on our r bility Company)	ecords.)	
The Articles of Organization for this Limited L. Florida document number 110000	iability Company wo	ere filed on $4/11/2$	2017 ar	nd assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liabilit	y company here:		
The new name must be distinguishable and contain the v	vords "Limited Liability	Company," the designation	"LLC" or the abbreviati	on "L.L.C."
Enter new principal offices address, if applic	able:			·····
(Principal office address MUST BE A STREE	ET ADDRESS)			,,,
	-			<u>ファッカー</u>
_				APR T
Enter new mailing address, if applicable:	-			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			
	_			<u> </u>
B. If amending the registered agent and	for registered offic	o address on our voc	ouds suton the -	9
registered agent and/or the new registered of		e address on our rec	ords, <u>enter the n</u>	ame of the new
	Δ			
Name of New Registered Agent:	Ashley	Klebba		
New Registered Office Address:				
		Enter Florida street a	ddress	
			, Florida	
		City	Zip (Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	MIKE NUSSBAUM	5201 Van Buren RO.	□ Add
		DELRAY BEACH FI 33484	□ Remove
			Change
MGIR	Gregory, Goyins		Add
		136 SW 12TH AVE DELRAY	☐ Remove
		BEACH IFI 33444	Change
			🗖 Add
			□ Remove
			Change
			🗆 Add
			Remove
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Affective date, if other an effective date is listed, Note: If the date insert document's effective date.	ed in this block does ate on the Departme	is not meet the appli ent of State's record	icable statutory filin s.	g requirements, this	date will not be liste	ed as the
e record specifies The 90th day afte	a delayed effecter the record is	tive date, but n filed.	ot an effective t	ime, at 12:01 a.	m. on the earlie	er of:
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Pated	The second secon				. ao	
Pated	Signatur	re of a member or auti	Orized representative	of a member	APR 17	
Dated		re of a member or autl		e of a member	R 17 AM IB:	

Page 3 of 3

Filing Fee: \$25.00